

[illegible]

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8			/	/		
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47						
48						
49						
50						
Total Indep			/			
Total Depend			8			
Total Claims			9			